CareFirst BlueChoice, Inc.
840 First Street, NE
Washington, DC 20065
202-479-8000

An independent licensee of the Blue Cross and Blue Shield Association

ATTACHMENT C
SCHEDULE OF BENEFITS

The benefits and limitations described in this schedule are subject to all terms and conditions stated in the Evidence of Coverage.

CareFirst BlueChoice pays only for Covered Services. The Member pays for services, supplies or care, which are not covered. The Member pays any applicable Coinsurance or Copayment. Services that are not listed in the Description of Covered Services, or are listed in Exclusions, are not Covered Services.

When determining the benefits a Member may receive, CareFirst BlueChoice considers all provisions of the Evidence of Coverage, its medical policies, and its operating procedures. Certain Utilization Management Requirements may apply. When these rules are not met, payments may be denied or reduced.

Benefit Period: Benefit Period is a [calendar] year.

Service	Limit on Benefits	Member Payment
SECTION 1 – OUTPATIENT AND OFFICE SERVICES		
Office Visits	[Office visits to CareFirst BlueChoice Specialists require written referral from a Primary Care Physician (PCP), except as otherwise provided in the Description of Covered Services.]	$30 per visit (PCP) $40 per visit (Specialist)
Laboratory Tests and X-rays		No Copayment or Coinsurance
Other Diagnostic Testing (except as otherwise provided)		$30 per visit (PCP) $40 per visit (Specialist)
Preventive Care		
Prostate Cancer Screening	In accordance with the most current American Cancer Society guidelines	Subject to office visit Copayment.
Colorectal Cancer Screening	In accordance with the most current American Cancer Society guidelines	Subject to office visit Copayment.

Service	Limit on Benefits	Member Payment
Routine Pap Smear	A minimum of one annual pap smear, including tests performed using FDA approved gynecological cytology screening technologies. Additional Medically Necessary pap smear tests, as determined appropriate by CareFirst BlueChoice.	Subject to office visit Copayment.
Mammography		No Copayment or Coinsurance.
Well Child Care		$30 per visit (PCP)
Adult Preventive Care		$30 per visit (PCP) $40 per visit (Specialist)
Treatment Services		
Allergy Treatment	Number of visits not limited	$30 per visit (PCP) $40 per visit (Specialist)
Eye Care (Medical Treatment)		$30 per visit (PCP) $40 per visit (Specialist)
Rehabilitation Services (includes Physical Therapy, Occupational Therapy and Speech Therapy)	Prior authorization is not required for Rehabilitation Services or for any other service provided by the same provider on the same day as these services. Limited to 30 visits per condition per Benefit Period.	$40 per visit
Chemotherapy		$40 per visit
Habilitative Services	Limited to Members under the age of 21.	$40 per visit
Spinal Manipulation Services	Prior authorization is not required for Spinal Manipulation Services or for any other service provided by the same provider on the same day as these services. Limited to 20 visits per Benefit Period Benefits are limited to Members who are twelve (12) years of age or older.	$40 per visit
Limited Service Immediate Care		$40 per visit
Cardiac Rehabilitation	Limited to 90 visits per Benefit Period. Prior authorization is not required.	$40 per visit

Service	Limit on Benefits	Member Payment
Pulmonary Rehabilitation	Limited to one (1) pulmonary rehabilitation program per lifetime. Prior authorization is not required.	$40 per visit
Infertility Services		
Artificial Insemination	Limited to 6 attempts per live birth.	$40 per visit
Maternity Care		
Maternity Care	The Member maximum payment per pregnancy for PCP or Specialist care applies only to care performed by the Member's attending obstetrician(s). The Member maximum payment does not apply to any other Covered Services provided by a PCP or Specialist who is not the attending obstetrician.	$300 per pregnancy or $30 per PCP office visit up to Member maximum payment of $300 per pregnancy if no live birth $400 per pregnancy or $40 per Specialist office visit up to Member maximum payment of $400 per pregnancy if no live birth.
Hair Prosthesis		
Hair Prosthesis	Limited to a maximum CareFirst BlueChoice payment of $350 for one hair prosthesis per Benefit Period.	No Copayment or Coinsurance
Outpatient Facility and Professional Services		
Outpatient Hospital or Ambulatory Care Facility Services		No Copayment or Coinsurance
Outpatient Medical and Surgical Professional Services Provided at an Outpatient Hospital or Ambulatory Care Facility		$30 per visit (PCP) $40 per visit (Specialist)
SECTION 2 – INPATIENT HOSPITAL SERVICES		
Inpatient Facility (medical or surgical condition, including maternity and rehabilitation)	No prior authorization required for routine maternity admissions. Hospitalization solely for Rehabilitation limited to 90 days per Benefit Period.	$300 per admission

Service	Limit on Benefits	Member Payment
Inpatient Professional Services		No Copayment or Coinsurance
SECTION 3 – SKILLED NURSING FACILITY SERVICES		
Skilled Nursing Facility Services	Number of covered days not limited	No Copayment or Coinsurance
SECTION 4 – HOME HEALTH SERVICES		
Home Health Services	Number of visits not limited	No Copayment or Coinsurance
SECTION 5 – HOSPICE CARE SERVICES		
Hospice Care Services – Limited to the Hospice Eligibility Period. See Section 5.3 of the Description of Covered Services.		
Hospice Care	Unlimited visits during Hospice Eligibility Period	No Copayment or Coinsurance
Respite Care	Limited to 3 periods of 48 hours during the Hospice Eligibility Period	No Copayment or Coinsurance
Bereavement Services	Limited to the 90-day period following the patient's death with a maximum of 3 visits.	No Copayment or Coinsurance
SECTION 6 – MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES		
Outpatient Services		
Mental Health		$40 per visit
Substance Abuse		$40 per visit
Medication Management		$30 per visit (PCP) $40 per visit (Specialist)
Inpatient Services		
Mental Health		
Inpatient Facility Services		$300 per admission

Service	Limit on Benefits	Member Payment
Inpatient Professional Services		No Copayment or Coinsurance
Substance Abuse		
Inpatient Facility Services		$300 per admission
Inpatient Professional Services		No Copayment or Coinsurance
Partial Hospitalization Program		No Copayment or Coinsurance
SECTION 7 – EMERGENCY SERVICES AND URGENT CARE		
Contracting Provider Urgent Care Facility	Limited to Emergency Services or unexpected, urgently required services	$40 per visit
Hospital Emergency Room or Non-Contracting Urgent Care Facility	Limited to Emergency Services or unexpected, urgently required services	$50 per visit, waived if admitted as inpatient
Other Emergency Services or urgently required services provided by a Non-Contracting Physician	Limited to unexpected, urgently required services	$40 per visit
SECTION 8 – MEDICAL DEVICES AND SUPPLIES		
Medical Devices and Supplies	Limited to a maximum CareFirst BlueChoice payment of $7500 per Benefit Period.	25% of the Allowed Benefit

MAXIMUM ANNUAL COPAYMENT AND COINSURANCE	
If the Group offering includes **two** Types of Coverage, the Maximum Annual Copayments and Coinsurance are:	If the Group offering includes **three** Types of Coverage, the Maximum Annual Copayments and Coinsurance are:
Individual $1,300* Family $2,600	Individual $1,300* Individual and Adult or Individual and Child $2,600 Family $2,600
If the Group offering includes **four** Types of Coverage, the Maximum Annual Copayments and Coinsurance are:	If the Group offering includes **five** Types of Coverage, the Maximum Annual Copayments and Coinsurance are:
Individual $1,300* Individual and Child $2,600 Individual and Adult $2,600 Family $2,600	Individual $1,300* Individual and Child $2,600 Individual and Adult $2,600 Individual and Children $2,600 Family $2,600

* If Coverage is complementary to Medicare, the Maximum Annual Copayment and Coinsurance is $1,300.

Except as provided below, total Copayments and Coinsurance paid during a Benefit Period by a Subscriber and, if applicable, his or her Dependents are subject to the Maximum Annual Copayment and Coinsurance established for the Type of Coverage in which the Member is enrolled (e.g., Individual or Family) as set forth in the table above. The Subscriber's Maximum Annual Copayment and Coinsurance applies on a Benefit Period basis even though the Member may have been enrolled for less than a Benefit Period.

If the Subscriber is enrolled under Family coverage, Individual and Children coverage, or, if applicable, Individual and Adult or Individual and Child coverage, the Maximum Annual Copayment and Coinsurance may be met if the individual Copayments and Coinsurance exceed the Maximum Annual Copayment and Coinsurance established for Individual coverage. In addition, if the total Copayments and Coinsurance of all covered family members exceed the Maximum Annual Copayment and Coinsurance for the Type of Coverage in which the Subscriber is enrolled, all covered family members will be deemed to have met the Maximum Annual Copayment and Coinsurance. However, an individual family member cannot contribute more than the Maximum Annual Copayment and Coinsurance for Individual coverage.

CareFirst BlueChoice will notify the Member if the Maximum Annual Copayment and Coinsurance is reached, based on billing and claims information in CareFirst BlueChoice's records. If the Maximum Annual Copayment and Coinsurance is satisfied, the Member will be entitled to a refund of any excess Copayments and Coinsurance paid and, for the remainder of the Benefit Period, will not be required to pay additional Copayments and Coinsurance for services that are subject to the Maximum Annual Copayment and Coinsurance.

The Maximum Annual Copayment and Coinsurance limit does <u>not</u> apply to charges or Copayments and Coinsurance in connection with any of the following:

- Charges for services that are not covered under this Evidence of Coverage or which exceed the maximum number of covered visits/days under the Member's coverage.
- Copayments and Coinsurance required under any riders to this Evidence of Coverage, unless the rider specifically states otherwise.

CareFirst BlueChoice, Inc.